

OCT 07 2004


<b>TRANSMITTAL FORM</b>	Application Number	09/975,102	
	Filing Date	October 11, 2001	
	First Named Inventor	Kousuke Asami	
	Art Unit	2686	
	Examiner Name	Willie J. Daniel, Jr.	
Total Number of Pages In This Submission	1	Attorney Docket Number	201630-9001


<b>ENCLOSURES (check all that apply)</b>	<b>PETITION FOR EXTENSION OF TIME</b>
<input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> Before Final <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declarations <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form(s) <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Status Letter	This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  <input type="checkbox"/> Applicant(s) claims small entity status under 37 CFR 1.27. <input type="checkbox"/> Applicant(s) petitions for a one-month extension of time and pay the fee of \$.00 (37 CFR 1.17(a)(1)-(5)). <input checked="" type="checkbox"/> Applicant(s) believes that no petition for an extension of time is necessary (37 CFR 1.36(c)); however, applicant(s) hereby petition for sufficient extension of time to render the present submission timely.

CLAIMS FEES							
<input checked="" type="checkbox"/> No additional claim fee is required.							
				Small Entity		Large Entity	
	Claims Remaining After Amendment		Highest Number Previously Paid For	Extra Claims Present	Rate	Addit. Claim Fee	Addit. Claim Fee
Total	17	-	17	=0	x 9=	\$	x 18= \$0
Independent	1	-	1	=0	x 43=	\$	x 86= \$
<input type="checkbox"/> First Presentation of Multiple Claim					+ 145=	\$	+ 290= \$

ENCLOSED FEES	
<input type="checkbox"/> Additional Claim Fee	\$
<input type="checkbox"/> Extension fee for one-month	\$
<input type="checkbox"/> Information Disclosure Statement	\$
<input type="checkbox"/> Surcharge for Missing Parts - Declaration	\$
<input type="checkbox"/> Terminal Disclaimer	\$
<b>TOTAL FEES ENCLOSED</b>	<b>\$0</b>

PAYMENT OF FEES	
<input type="checkbox"/> A check in the amount of \$ is enclosed.	
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1965.	
<input type="checkbox"/> The Director is authorized to charge Deposit Account Number 50-1965 in the amount of \$.	

SIGNATURE OF ATTORNEY	
David R. Morris, Reg. No. 53,348 MICHAEL BEST & FRIEDRICH, LLP 401 North Michigan Avenue Suite 1900 Chicago, Illinois 60611 Telephone: (312) 222-0800 Facsimile: (312) 222-0818	 Signature Date: 10/7/04

CERTIFICATE OF TRANSMISSION/MAILING		
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Typed or printed name	Carolyn A. Hothersall	Date: 10/07/04
Signature		

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Attorney Docket No. 201630-9001

IN THE  
UNITED STATES PATENT AND TRADEMARK OFFICE

In re Appln. of Kousuke Asami

Application No. 09/975,102

Filed: October 11, 2001

For: CELLULAR PHONE

Art Unit: 2686

Examiner: Daniel, Jr., Willie J.

Confirmation No. 8765

Customer No. 1311

I, Carolyn A. Hothersall, hereby certify that this correspondence is forwarded to the United States Patent and Trademark Office, via facsimile to (703) 872-9306 on the date of my signature.

Carolyn A. Hothersall  
Signature

10/07/2004  
Date of Signature

AMENDMENT AFTER FINAL  
(RESPONSE UNDER 37 CFR 1.116)

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action of July 7, 2004, which was made Final, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 6 of this paper.